STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyi	ist(s) Steve Ahnen, Pau	ila Minnehan,	Kathleen Bizarro-Thunb	perg, Travis Boucher
II. Name of lobbyi	ist's partnership, firm o	corporation, i	if any:	
New Hampshire	Hospital Association			
(1)	Name of partnership, firm or	corporation)		
125 Airport Road	t	Concord	NH	03301
Business Address:	(Street)	(Town/City)) (State	(Zip Code)
(603) 225-090	00 (60:	3) 225-4346	e-mail pm	ninnehan@nhha.org
(Telephon	e)	(I	Fax)	
reportable expens	e transactions which are	not attributab	ole to any one client).	you may file a separate report for ive to the following client:
<u>OR</u>	(Full Name of Client a:	s it appears on the	e Lobbyist Registration Form)
☐ All reportable tr unrelated to any pa		t (including the	lobbyist's family), or the	lobbying firm listed below which are
IV. Date of Repor	t April 26, 2017 []	ion to 3/31/17	July 26, 2017 activity from 4/1/17 to	o 6/30/1 <u>7</u>
	October 25, 2017 activity from 7/1/17 to 9.		January 31, 20 activity from 10/1/17	
	ed, complete just this form		ble transactions made o the Secretary of State's (since the last report. Office, State House, Room 204,
VI, Check if addit	ional reports are attache	ed:		
If you have rec	eived fees or made expen	ditures, you mu	st file Addendum A – Fee	es and Expenses
Expense Reimburs	ement	•	•	n B- Report of Honorariums or
If you, your fir	m, or your family has mad	de political cont	tributions, you must file A	ddendum C– Political Contributions
I have read RSA 15	e best of my knowledge ar	nd RSA 664 an	d hereby swear or affirm t	hat the foregoing information is true
Paula Minnehan	, isi,			RECEIVED
(Print Name of loh	huiat)			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・

FEB 27 2018

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

· ····	
I. Name of Lobbyist(s) Steve Ahnen, Paula Minnehan, Kathleen Bizar	ro-Thunberg, Travis Boucher
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granded by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 fo ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$16,023
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ _84,053
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	/
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire is true and complete to the best of my knowledge and belief.	m that the foregoing information
Signature of lobbyist)	2/23/18 (Date)
Paula Minnehan	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

New Hampshire Hospital			
(Name of part	nership, firm or corporation)		
III. Name of Client		Date	
Political Contributions For each political contributions client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	Woodburn for State	Senate	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50.00	Office Candidate i	s Seeking Senate
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
	,	, ,	(Middle Name/Initial)
If the contribution is an in-kir	nd contribution, provide tribution on the line abo	Office Candidate is	Seeking
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind com	nd contribution, provide tribution on the line abo	Office Candidate is	

actual cost of the	n is an in-kind contribution, provide a in-kind contribution on the line abov I value and the word "estimate."	a description of the goods or services provided, and enter for amount of contribution. If the actual cost is not
4-1-1		
(If more than three	contributions were made, report additions	al contributions on separate addendum C forms.)
Sworn Stateme	ent/Affirmation by Lobbyist	
		hereby swear or affirm that the foregoing informand belief.
	plete to the best of my knowledge	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New H	Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnersh	
particular client):	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ October 25,	2017 □ January 31, 2018 ♥
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (is submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on to complete to the best of my knowledge and belief. (Signature of lobbyist)	the Statement and each Addendum is true and 2/25/18 (Date)
Steve Ahnen	
(Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):
Date of Report (check one):
April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 ♥
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. Signature of lobbyist) 2/33/18 (Date)
Paula Minnehan
(Print Name of Johnvist)

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ffirmation by Lobby e and Expenses for:		
Name of Lobbying par	tnership, firm, or corpo	oration: New Hampshire	Hospital Association
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	m that the foregoing in f my knowledge and be		nt and each Addendum is true and
Signature of lobbyist	Bracio-The	usley _	$\frac{23/8}{\text{(Date)}}$
Kathleen Bizarro-Thu	ınberg		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying part	tnership, firm, or corpo	ration: New Hampshire	Hospital Association
Name of Client (leave	blank if Statement is fo	r the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🗸
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
(Signature of lobbyist) Travis Boucher	my knowledge and beli		and each Addendum is true and (Date)
(Print Name of lobbyis	t)		